

DISPOSITION REQUEST FOR CERTIFIED COPY (IES)

****PLEASE PRINT CLEARLY****FILL FORM OUT COMPLETELY****PLEASE PRINT CLEARLY****

Today's Date_____ Traffic Case_____ Criminal Case_____

Pick Up_____ Mail Out_____ Clerk's Window_____

Defendant's Name (print) _____

Alias Name's (print) _____

Date of Birth_____ Race/Sex_____

Driver's License #_____ SOC. Security #_____

Complete Mailing Address (only for mail out) Please Print

Violation Date (s):

What is the Charge (s) (Please Print)

1. _____	*****	_____
2. _____	*****	_____
3. _____	*****	_____
4. _____	*****	_____

*****Please Pick as Required*****Please Pick as Required*****

Reinstatement of License_____ Expungement_____ Job_____

INS (Citizenship) _____ Permits_____ Housing_____

Requestor's Telephone Number(s): Cell _____ Home_____

EMAIL ADDRESS: _____

*** Disposition Fees: 2002 to current \$5.00**** 2001 and older \$10.00***

Make Money Order or Checks Payable to Municipal Court of Atlanta

NOTE(s): ***IF YOU ARE REQUESTING INFORMATION TO BE MAILED YOU WILL RECEIVE AN INVOICE IN THE MAIL*** PLEASE FEEL FREE TO CONTACT 404-588-4766 OR EMAIL [*MCDispositionRequest@atlantaga.gov](mailto:MCDispositionRequest@atlantaga.gov) or FAX 404-658-7363

**Disposition takes 24 to 72 hours excluding Friday and Weekends
Depending on Year of CHARGE**